

STANDARD CERTIFICATE OF DEATH

State File No. **31040**BIRTH NO. 63013-51 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>906 S. Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Roy</u> b. (Middle) <u>Alan</u> c. (Last) <u>Thornhill</u>			
4. DATE OF DEATH <u>Sept 15, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug 27, 1951</u>	
9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>F. H. Thornhill</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. F. H. Thornhill, Sedalia, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Aortic Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyloric Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>19 da</u> <u>9 da</u>	
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19a. DATE OF OPERATION <u>12 Sept 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pyloric Stenosis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE *****		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) *****		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) *****	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) *****		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? *****	

22. I hereby certify that I attended the deceased from Aug 27, 1951, to Sept 15, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 7:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glen A. Walker D.O.</u>		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>17 Sept 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 17, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9/18/51</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell M.D.</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Huane Cwing</u>	
		(Licensed Embalmer)		ADDRESS <u>Sedalia, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed E. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seclavia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.